

OFFICERS/WARRANT OFFICER RETIREMENT SERVICES OFFICE

DOCUMENTS NEEDED WHEN DROPPING OFF RETIREMENT PACKET:

1. OFFICER'S MEMORANDUM
2. OFFICER'S ENDORSEMENT FROM BN AND BDE CDR
3. DA FORM 31 (LEAVE FORM)
4. ENLISTMENT/RE-ENLISTMENT CONTRACTS (IF EVER ENLISTED)
5. EXTENTIONS (IF EVER ENLISTED)
6. ORB
7. DA FORM 71 (OATH OF OFFICE)
8. 2-1 (IF YOU HAVE IT, IT IS VERY HELPFUL TO US)
9. SEXUAL HARASSMENT MEMORANDUM

IF YOU HAVE BEEN IN THE RESERVES WE NEED THE FOLLOWING DOCUMENTS:

R-PAM OR CHRONOLOGICAL POINTS HISTORY OR LES'S COVERING THOSE PERIODS

IF YOU HAVE BEEN IN NATIONAL GUARD WE NEED THE FOLLOWING DOCUMENT:

1. NGB 22
2. NGB 23
3. LES'S COVERING THOSE PERIODS

IF YOU HAD A BREAK IN SERVICE WE NEED THE FOLLOWING:

1. DA 1506
2. ALL PREVIOUS DD FORM 214'S AND ALL DOCUMENTS THAT PUT YOU ON ACTIVE DUTY STATUS SUCH AS ORDERS, ETC.

ALSO: IF YOU WENT THROUGH THE RESERVE OFFICERS TRAINING COURSE (ROTC) AND YOU WERE A MEMBER OF THE SIMULTANEOUS MEMBERSHIP PROGRAM (SMP) WE WILL NEED YOUR MEMORANDUM TO ENSURE YOU RECEIVE CREDIT FOR ANY MILITARY TIME YOU ARE ENTITLED.

NOTE: IF YOU HAVE SERVED IN ANY OTHER BRANCH OF SERVICE i.e. AIR FORCE, MARINES, NAVY, COAST GUARD WE WILL NEED ALL DOCUMENTS STATES ABOVE TO COVER THAT PERIOD OF MILITARY SERVICE.



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Your Unit Office Symbol)

(Date)

MEMORANDUM THRU: Commander, (Your Unit, Fort Riley, Kansas 66442)

FOR: Commander, Fort Riley Retirement Services, ATTN: IMWE-RLY-HRM-R; Fort Riley, Kansas 66442

SUBJECT: Voluntary Retirement

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-1; I request that I be released from active duty and assignment on RETIREMENT DATE, and placed on the retired list on DAY AFTER RET. DATE, or as soon thereafter as practicable. I will have completed over _____ years of Active Federal Service on the requested retirement date.

2. Assignment status: (YOUR UNIT)

3. Authorized place of retirement: (DEPENDS ON WHERE YOU ARE LOCATED Fort Riley, Kansas)

4. Location of choice transfer activity: N/A

5. I have been counseled as specified by AR 635-10, paragraph 2-19, I fully understand the provisions of AR 635-10, chapter 2, section V, concerning entitlements to per diem, travel and transportation allowances based on retirement at a location of choice transfer activity.

6. I have read AR 600-8-24, paragraphs 6-6 and 6-7. I am responsible for ensuring that a physical examination is completed not earlier than 4 months nor later than 1 month prior to my approved retirement date or start date of transition leave, whichever is earlier. I am aware that the purpose of this examination is to ensure that my medical records reflect as accurately as possible my state of health on retirement and to protect my interests and those of the Government. I understand that my retirement will take effect on the requested date and that I will not be held on active duty to complete this examination.

7. In accordance with 10 USC, I understand that:

a. Enrollment in the Survivor Benefit Plan (SBP) is the only way I may continue a portion of my retirement pay to my family at my death.

b. I must receive SBP counseling for myself and my spouse no less than 30 days before retirement.

c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

d. I cannot elect less than full spouse SBP without my spouse's written agreement. I received a spousal concurrence for this purpose in conjunction with this application/letter. I realize that are other forms that must be completed during SBP counseling.

e. Failure to return the completed spousal concurrence statement to the proper officials prior to my retirement packet being sent to the US Army Finance and Accounting Center will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

8. Address on retirement: PO BOX OR STREET ADDRESS, CITY STATE, and ZIP CODE.

9. I am familiar with AR 600-8-24, paragraph 6-22 and understand that if this application for retirement is accepted by the Secretary of the Army it may not be withdrawn except for except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. Complete only if you need waivers for Time in Grade, Time on Station, Time in Service, Specialty Pay, and Retire in Lieu of PCS, etc. If not it will be N/A.

11. As of the date of this application I have ____ days accrued leave. I plan to take days ____ leave.

a. PTDY: FROM: ____ TO: ____

b. LEAVE: FROM: ____ TO: ____

12. I have read and understand the provisions of AR 600-8-24, table 6-1 or 6-2, pertaining to the determination of my retired grade. Considering those provisions, and after a review of my records, I believe that I am entitled to retire in the grade of _____. I understand that final determination of my retired grade will be made by HQDA, and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.

13. This application is/is not submitted in lieu of complying with PCS instructions.

14. I understand that if I participated in certain education programs, I may be required to reimburse the United States government as stated in written agreement made by me with the United States government under law and regulations.

15. My current duty telephone numbers are as follows: DSN: _____ Commerical:

_____.

16. A fax machine is available at the following number: DSN: _____ Commerical:

_____.

17. Soldier's retirement Ceremony will be: (60 DAYS PRIOR TO THE START DATE OF CLEARING: MONTH AND YEAR "EXCEPT FOR DECEMBER THERE IS NO RETIREMENT CEREMONY)

18. Home of Record complete address at time of entry on active duty:

SIGNATURE BLOCK
SSAN



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Your Unit Office Symbol)

(Date)

MEMORANDUM FOR Commander, U.S. Human Resources Command, 1600 Spearhead
Division Avenue, ATTN: HRC-OPL-R) Fort Knox, Kentucky 40122

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation

1. DOD instruction 6495.02 and AR 600-200, Chapter 8, Sexual Assault Prevention and
response Program Procedures requires Soldier being administratively separated to sign a
statement answering the following questions:

a. Did you file an unrestricted report of a sexual assault in which you were a victim within
the past 24 months? YES NO

b. If the answer (to a above) is YES, do you believe that this separation action is a direct or
indirect result of your sexual assault, or your reporting of the sexual assault? YES NO

2. The point of contact for this action is the undersigned at (Your telephone number).

SOLDIER'S SIGNATURE BLOCK

LTC, IN

Commanding



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Your Unit Office Symbol)

(Date)

MEMORANDUM THRU Commander, 1ST Battalion, 16TH Infantry Regiment, Fort Riley,
Kansas 66442

MEMORANDUM FOR Commander, 1ST Brigade, 1ST Infantry Divison, Fort Riley, Kansas
66442

SUBJECT: Request for Voluntary Retirement

1. I recommend Approval/Disapproval of the request for voluntary retirement for RANK LAST
NAME, FIRST NAME MIDDLE INITIAL, SSN, with a retirement date of RETIREMENT
DATE.

2. My point of contact for this request is WHOM EVER THE POC IS.

SEAN P. DIDDY
LTC, IN
Commanding



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Your Unit Office Symbol)

(Date)

MEMORANDUM FOR Commander, U.S. Army Human Resources Command, ATTN: AHRC-
OPA-M, 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122

SUBJECT: Request for Voluntary Retirement

1. I recommend Approval/Disapproval of the request for voluntary retirement for RANK LAST
NAME, FIRST NAME MIDDLE INITIAL, SSN, with a retirement date of RETIREMENT
DATE.

2. My point of contact for this request is WHOM EVER THE POC IS.

JOHN H. FIREWATER
COL, AR
Commanding

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See Instructions on reverse.)				BT-19-0001	
PART I					
2. NAME (Last, First, Middle Initial) DOE, JANE Y.		3. SSN 123-45-6789		4. RANK SFC	
				5. DATE 20150601	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) 24 Middas Street Mesville, TX 77856 254-256-5446		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER PTDY or Excess Leave		8. ORGN, STATION, AND PHONE NO. HHC, 1-16 INF BN FORT RILEY, KS 66442 785-239-3456	
9. NUMBER DAYS LEAVE					
a. ACCRUED 68		b. REQUESTED 58		c. ADVANCED NA	
				d. EXCESS NA	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		10. DATES a. FROM 20151104	
				b. TO 20151231	
13. SIGNATURE AND TITLE OF APPROVING AUTHORITY					
14. DEPARTURE					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
15. EXTENSION					
a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
16. RETURN					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS I understand that this absence is not directed by any official of the U.S. Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. I understand that I have the right to cancel it at any time and return to my regular place of duty. Chargeable leave is from 20151123 to 20151231					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION: For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
25. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS' (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
				d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	